

EDUCATIONAL PRESCRIPTION

SPECIFIC DEFICIENCY:

Date of Original Objective	Date of Amended Objective	Objective	Corrective Activity To Be Used To Meet Objective (include person responsible for activity)	Materials - Equipment	Evaluation	Date Met

## SECTION VII

### PROCEDURES FOR SELF-CONTAINED CLASSROOM PLACEMENT

#### General Considerations

For school year 1975-76, the following self-contained programs will be available to Caroline County students; classes for the trainable mentally retarded (Special Education Center), a county-wide class for the educable mentally retarded grades 3 through 6 (Denton School), classes for the profoundly mentally retarded K-6 (Regional Special Education Center, Dorchester and Kent Counties), a class for the physically disabled K-6 (Riverview Middle), classes for the emotionally disturbed K-12 (Agnew School). Referrals to any of these programs must go through the Caroline County Special Services Committee (see Section III). Because each referral must be evaluated individually, the school assessment committee chairman (principal) and the Supervisor of Special Education shall jointly establish what information is needed by the Special Services Committee in order to make a decision about the case, i.e., educational assessment and prescription, psychological, other pertinent information. Insurance of adequate time to gather necessary information will be made prior to convening the county committee.

#### Program Description

- Educable Mentally Retarded (EMR) - I.Q.'s between 55-70 and significant variance from normal in adaptive behavior.
- Trainable Mentally Retarded (TMR) - I.Q.'s between 40-55 and significant variance from normal in adaptive behavior.
- Profoundly Mentally Retarded (PMR) - I.Q.'s between 0-25 and significant variance from normal in adaptive behavior.
- Physically Disabled - a neuro-muscular or medically restricting condition which interferes with normal learning processes and requires either temporary or permanent special educational provisions.
- Emotionally Disturbed - behaviors which have developmental deviation in emotional functioning and which interfere directly with learning.

## SECTION VIII

### PROCEDURES FOR HOME/HOSPITAL INSTRUCTION

Students who, because of a physical and/or emotional condition, are unable to attend regular school sessions are eligible to receive instruction at home or in a hospital. In no instances should Home/Hospital Instruction be construed as anything other than a short-term itinerant service.

Home/Hospital Instruction shall be available to children with physical disabilities and who spend a period of convalescence or treatment time in a medical institution or convalescent home in or outside the State of Maryland. If the educational program offered is out of state, it must be approved by the host State Department of Education. In accordance with Bylaw 13.07.02.02. B, Home/Hospital Instruction shall be one of the options available to pregnant students. Verification of the physical condition by a licensed physician is necessary prior to placement in Home/Hospital Instruction.

Home/Hospital Instruction is available to children with emotional impairment only on an emergency basis. This service shall not exceed sixty (60) calendar days pending placement in an established educational program. Verification of the emotional impairment by both a certified school psychologist and a licensed psychiatrist is necessary prior to placement in Home/Hospital Instruction.

Under no circumstances shall Home/Hospital Instruction assume the primary responsibility for the education of a student. The school in which the student is enrolled shall have the primary responsibility for that student's educational program.

#### Referral Procedures

Referrals shall be made by principal to the Supervisor of Pupil Personnel. The principal shall forward the name of the student, his address, telephone number, and class schedule. The Supervisor of Pupil Personnel will determine the need for teaching based upon required medical and parental request forms. The appropriate instructional supervisor will secure the home teacher as soon as the three completed forms are received. Only certified teachers, or those approved by the Board of Education will be employed.

The Maryland State Department of Education allows a maximum of six hours of instruction per pupil per week. Instructional hours and reimbursement for teaching services shall be in accordance with policy established by the Maryland State Department of Education.

The maximum annual entitlement per child is \$1,000.00. All reports of hours spent in instruction and of mileage shall be forwarded to the Supervisor of Pupil Personnel by the fifteenth of each month. Payment to Home/Hospital teachers shall be made at the end of each month.

Instruction may be given at any time during the regular school year as needed but all instruction shall be completed by May 31.

FORMS FOR HOME/HOSPITAL INSTRUCTION  
ELEMENTARY and SECONDARY

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

APPLICATION FOR HOME TEACHING FOR HANDICAPPED CHILD

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

Grade attending, or completed when last attending: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Parent's reason for application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physican's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

-----  
TO BE COMPLETED BY COUNTY OFFICE

Date application received: \_\_\_\_\_

Date physician's report sent: \_\_\_\_\_ Received: \_\_\_\_\_

\_\_\_\_\_  
Supervisor

Date approved: \_\_\_\_\_

\_\_\_\_\_  
Superintendent

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

MEDICAL DATA SHEET FOR HANDICAPPED CHILD  
NEEDING HOME TEACHING

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Disability of Child: (describe fully) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will child be required to use any type of appliance? If so, what, and for  
how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's recommendation for special education service:

- \_\_\_\_\_ 1 - Home teaching
- \_\_\_\_\_ 2 - Special transportation
- \_\_\_\_\_ 3 - Other (specify)

Reason for recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, M.D.

CAROLINE COUNTY BOARD OF EDUCATION  
Denton, Maryland

\_\_\_\_\_  
School

\_\_\_\_\_  
Principal

HOME TEACHING REFERENCE

It is hereby recommended that arrangements for Home Teaching  
be made for the following student:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Parents: \_\_\_\_\_

Present Schedule

Class

Teacher

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

\_\_\_\_\_  
Signature of Principal

APPENDIX B: EVALUATION CHECKLISTS



PROGRAM  
EVALUATION  
CHECKLIST

SCHOOL:

CASE NUMBER:

TEACHER:

	N/A	YES	NO
1-Is referral form properly completed and filed in students' special education folder?			
2-If kindergarten or grade 1, is MSTOI completed and filed in students' special education folder?			
3-If grades 2-6, is Developmental Checklist completed and properly filed?			
4-Is the School Assessment Committee Action Form available and filed in student record?			
5-If appropriate, is the Caroline County Special Services Committee Action Form available and filed in student record?			
6-Is there evidence of parental involvement through presence of appropriate parental permission form in student record?			
7-Is there evidence from student record that parents have been advised of rights to due process?			
8-Has educational assessment and educational management plan been completed and filed in record?			
9-Is a handicapping condition obvious from the educational assessment?			
10-Is the listed handicapping condition congruent with mandates of the special education bylaw?			

HOME/HOSPITAL  
EVALUATION  
CHECKLIST

CASE NUMBER:

- |                                                                                                   | YES | NO |
|---------------------------------------------------------------------------------------------------|-----|----|
| 1-Is application for Home/Hospital Instruction completed and filed?                               |     |    |
| 2-Has medical data sheet for the student been completed by a M.D. and properly filed?             |     |    |
| 3-Has form entitled "Home Teaching Reference" been completed, filed, and signed by the principal? |     |    |

APPENDIX C: INTERNAL EVALUATION RESULTS

Table I  
PROGRAM EVALUATION RESULTS BY TEACHER  
AND  
AVERAGE FOR COUNTY

School	Program	Teacher	% Positive
Greensboro	Resource	A	90
" "	"	B	80
Ridgely	"	C	100
Denton	"	D	100
"	"	E	80
"	TMR	F	100
"	"	G	90
"	"	H	100
"	EMR	I	100
Preston	Resource	J	100
Federalsburg	"	K	100
" "	"	L	80
Riverview Middle	"	M	100
" "	"	N	90
Col. Richardson Middle	"	O	100
" " "	"	P	100
North Caroline H.S.	Work-Study	Q	60
" " "	Resource	R	80
Col. Richardson H.S.	Work-Study	S	70
" " "	Resource	T	90
" " "	"	U	80
All Elementary	Speech	V	100
Average for County	---	-	90

Table II

PROGRAM EVALUATION RESULTS BY SCHOOLS

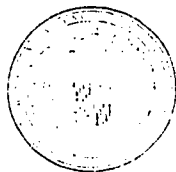
School	% Positive
Greensboro	85
Ridgely	100
Denton	95
Preston	100
Federalsburg	90
Riverview Middle	95
Col. Richardson Middle	100
North Caroline H.S.	70
Col. Richardson H.S.	80
Speech	100

Table III

HOME/HOSPITAL EVALUATION RESULTS

Case #	% Positive
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100

APPENDIX D: EXTERNAL EVALUATION RESULTS



MARYLAND STATE DEPARTMENT OF EDUCATION  
P.O. BOX 6717, BWI AIRPORT  
BALTIMORE, MARYLAND 21240

May 19, 1976

Mr. Donald Parks  
Supervisor Special Education  
Caroline County Board of Education  
Denton, Maryland 21629

Dear Don:

Thank you very much for allowing the evaluation team to visit with you and complete the Maryland State Department of Education observation and review of special education cases and programs in Caroline County on April 29 - 30, 1976 and May 5 - 6, 1976.

After visiting schools and reviewing individual student cases throughout the school system the evaluation team feels that Caroline County is meeting State requirements as addressed in the State By-law, 13.04.01.

Please do not hesitate to contact me if I can be of any assistance as you continue to provide service to handicapped children in Caroline County.

Sincerely yours,

A handwritten signature in cursive script, reading "Jerry F. White". The signature is written in dark ink and is positioned above the typed name.

Jerry F. White  
Regional Administrator, Region IV  
Division of Special Education  
Maryland State Department of Ed.

JFW:mlw  
cc: W.S.H.

APPENDIX E: STATEMENTS FROM PRACTICUM  
REVIEWERS



**BOARD OF EDUCATION  
OF CAROLINE COUNTY**

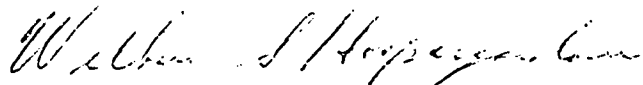
**DENTON, MARYLAND 21629**

**WILBUR S. HOOPENGARDNER  
SUPERINTENDENT**

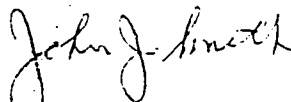
**TELEPHONE (301) 479-1460  
WAREHOUSE 479-1463**

To: Whom It May Concern  
From: Local Practicum reviewers  
Date: May 17, 1976

We, the undersigned, have examined the Maxi II Project completed by P. Donald Parks of the Baltimore Cluster, Nova University and verify that the information included in the project is accurately reported and that Mr. Parks completed the work and assembled the report.



Wilbur S. Hoopengardner  
Superintendent of Schools



John J. Smith  
Assistant Superintendent of Schools



Ruth N. Mink  
Supervisor of Pupil Personnel

WSH:eat

of approval by the Superintendent of Schools, an internal evaluation, and an external evaluation.

#### Phase III A: Superintendent's Approval

The first process in the three-fold evaluation design, approval of the manual by the Caroline County Superintendent of Schools, was accomplished when he compiled the foreword to be included in the document (see Appendix A). His approval was also evident during the January Administrators and Supervisors Meeting when he voiced his support for the manual.

#### Phase III B: Evaluation - Internal

The second evaluation procedure, the internal process was begun by the participant at the beginning of April, 1976. Using the "Program Evaluation Checklist" which appears in Appendix B, the participant visited each special education program in the county and evaluated student records. Teachers were asked to provide a list of all students served by their program. From the list, names were selected randomly. In resource rooms where generally 30 students were served, every third name was chosen for records review. In other classes, such as the smaller self-contained programs, up to half the student records were reviewed. Approximately one-third of the speech therapists records were reviewed. Cases in these programs were randomly selected via a procedure similar to that employed in resource rooms. In total, approximately 150 student records were reviewed. This sampling was 33%, or 1/3 the total students served in special education programs.

Also during April, the participant evaluated records of

students receiving home/hospital instruction. Only those cases in which services were begun after January and the implementation of the procedures were evaluated, however. Because of the small numbers of cases involved, every case was evaluated. A total of nine records were examined. The checklist entitled "Home/Hospital Evaluation Checklist" (see Appendix B) was utilized in this process. Home/Hospital records are retained in the central office.

The checklists utilized in the evaluation corresponded to practicum objectives (see Design, above). Individual checklist items were keyed to reflect the objectives. On the Program Evaluation Checklist, items 1 through 3 pertained to objective 1. Item 4 related to objective 2. Objective 3 was reflective of checklist item 5. Items 6 and 7 on the checklist related to objective 4. Item 8 was aimed at objective 6. Items 9 and 10 pertained to objective 5. The items on the Home/Hospital Evaluation Checklist were related to objective 7. It was felt that if objective 1 through 7 were satisfactorily accomplished, objective 8 would also be met. However, the final test for this objective came from the external evaluation which will be discussed below.

Results of the internal evaluation are contained in Appendix C. The practicum was to be considered successful if 90% of the items on the Program Evaluation Checklist were marked in a positive manner. Also, the practicum was to be considered successful if 100% of the items on the Home/Hospital Evaluation Checklist were positive. Tables I through III reflect

that the results of the internal evaluation were positive in nature. Table I illustrates that the average percentage of correct responses on the Program Evaluation Checklist was 90. Table II illustrates these percentages by schools. Table III reflects that all of the nine cases reviewed utilizing the Home/Hospital Evaluation Checklist received 100% positive responses. From the internal evaluation, then, it can be concluded that objectives 1 through 7 were met.

It is of interest to note that only the two high schools and one elementary school failed to meet the 90% criteria (Table II). This provided the participant with information for which future activity could be directed. Table I provided the same type information by illustrating precisely which teachers needed assistance in compliance with the new procedures.

#### Phase III C: Evaluation - External

Appendix D includes results of the external evaluation. The Regional Administrator reviewed records in the county for a four day period beginning in late April and concluding in early May, 1976. The evaluation procedures used were essentially the same as those used in the internal process. Records were randomly selected using the same process. The Regional Administrator evaluated approximately 100 cases against guidelines regularly used in program audits by the state department. This was approximately 22% of the total special education student population. By virtue of his letter to the participant, it can be stated that the results of the external evaluation process were positive. Because of this, it can be concluded that

As a result of these evaluations it can be concluded that this practicum was successful. The practicum was completed within approximately 40 weeks. Total participant time involved was 400 to 500 hours. Appendix E contains statements from three local practicum reviewers.

#### Maintenance of Process

After completion of the practicum, a procedure was developed which would insure that the administrative system would be continually updated as needed. This updating procedure would assure changes as needed as new federal and/or state legislation developed or as the county school system's needs were altered. Feedback from users of the system would continually occur throughout the school year. Suggestions for change would be noted. In the Spring of each year, a general meeting of all special education personnel would be called and recommended changes discussed. Those changes deemed desirable would be incorporated into the system. Any necessary changes as a result of legislation would also be considered at that time. The participant would update the system over the summer months to enable implementation in the fall.

APPENDIX A:

CAROLINE COUNTY SPECIAL EDUCATION

ADMINISTRATIVE PROCEDURES

C A R O L I N E C O U N T Y  
S P E C I A L E D U C A T I O N A D M I N I S T R A T I V E  
P R O C E D U R E S

1975-1976

Board of Education  
Denton, Maryland

## FOREWORD

Special Education is rapidly becoming a major thrust in educational programming. It no longer consists of a few classes held in out-of-the-way places in our schools. Through State Board of Education bylaw and Court decisions, the school systems must assume responsibility to provide educational programs appropriate to each student whose learning is conditioned by one or more handicaps.

This administrative document has been provided to guide school administrators in the performance of their duties for the special education program. The procedures and forms included constitute local policy with regards to the administration of the program and must be strictly adhered to in all areas. Principals are advised to become thoroughly familiar with the contents of this bulletin in order that this part of the program can be handled as expeditiously as possible.

WILBUR S. HOOPENGARDNER  
SUPERINTENDENT OF SCHOOLS



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## INTRODUCTION

The purpose of this guide is to provide principals, teachers, and other school personnel with information reflective of current policies, regulations, and practices regarding the education of the handicapped in the public schools of Caroline County. The procedures listed herein have been developed to comply with regulations issued by the Maryland State Department of Education and contained in bylaw 13.04.01.01 dated October 30, 1974. This guide supersedes previous special education administrative procedures and should be regarded as a replacement for Guidelines For Pupil Admissions To Or Dismissals From Special Education Programming (revised March, 1975).

Forms included in this document are minimal. Individual teachers may wish to use additional forms in facilitating more efficient documentation procedures.

All forms included in this manual are on masters in the County Office. Copies may be obtained merely by contacting the Supervisor of Special Education.

## SECTION I

### PROCEDURES FOR REFERRAL TO SPECIAL EDUCATION PROGRAMS

A special education referral should be originated when a student is experiencing difficulty in adjusting to his/her existing educational program. Members of the professional staff, parents and/or community agencies (i.e. Caroline County Department of Social Services, Caroline County Health Department, Maryland Division of Vocational Rehabilitation, Maryland State Department of Juvenile Services) may refer children to the appropriate school principal for possible placement in special education programs. Referrals can be made at any time throughout the school year.

When a referral comes to the attention of the principal, the appropriate referral form/forms should be distributed to the classroom teacher (in most cases the classroom teacher will be the referral source).

#### \*Referral Forms - Elementary

The form entitled "Referral for Special Education Services (Elementary)" should be completed by the classroom teacher for any child K through 6. If the child is either in kindergarten or first grade, the "Maryland Systematic Teacher Observation Instrument" should also be completed. For grades two through six, the form entitled "Developmental Checklist" should be completed.

Some resource room teachers may wish classroom teachers to complete the "Profile Sheet" on class members. This is usually completed near the end of the school year. This is an option available to assist in identifying possible referrals and is not a mandatory form.

#### Referral Form - Secondary

The form entitled "Referral for Special Education Services (Secondary)" should be completed by the classroom teacher for any prospective special education student in grades seven through twelve. The classroom teacher in this case should be construed as the referring teacher/counselor, etc..

Referral forms should be returned to the principal and a meeting of the school assessment committee shall then be scheduled.

\*Note: Speech therapy referrals use a different form - see Section V of this guide.

REFERRAL FORMS - ELEMENTARY

(Elementary)

REFERRAL FOR SPECIAL EDUCATION  
SERVICES

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mo. Day Year

Referring Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Date of Referral \_\_\_\_\_ School \_\_\_\_\_

1. Reading level and book, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Above, Below or With Class (underline one)

2. Spelling or Language Book: \_\_\_\_\_  
\_\_\_\_\_

Above, Below or With Class (underline one)

3. Arithmetic level and book, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Above, Below or With Class (underline one)

4. Social Studies Series: \_\_\_\_\_  
\_\_\_\_\_

5. Group Behavior in: Small Groups \_\_\_\_\_

Large Groups \_\_\_\_\_

By Self \_\_\_\_\_

6. Is the child receiving concentrated help from the aide?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Areas of Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the child interested in school? \_\_\_\_\_

\_\_\_\_\_

9. Note any particular problem areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MARYLAND SYSTEMATIC TEACHER OBSERVATION INSTRUMENT

Demographic  
Information: 1. Name of Teacher \_\_\_\_\_  
2. Name of School \_\_\_\_\_  
3. Locale of School: Urban \_\_\_\_\_ Suburban \_\_\_\_\_ Rural \_\_\_\_\_  
4. Local School System \_\_\_\_\_

Pupil  
Information: \*5. Identification Number of Child \_\_\_\_\_  
6. Grade \_\_\_\_\_  
7. Age \_\_\_\_\_  
(years) (months)  
8. In which type of class has this child been placed?  
Regular Classroom \_\_\_\_\_ Special Classroom \_\_\_\_\_ Classroom in a Continuum School \_\_\_\_\_ Resource Room \_\_\_\_\_

\*Number will remain constant for a minimum of three years.

Items	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
1. Says "huh" or "what" after he has been told something or asked a question.	. _____	.. _____	... _____	.... _____	..... _____
2. Finishes task late.	. _____	.. _____	... _____	.... _____	..... _____
3. Can tell about a picture while looking at it.	..... _____	.... _____	... _____	.. _____	. _____

Items	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
4. Names and locates at least five parts of his body.	.....	....	..._	.._	. _
5. Knocks over things when reaching for them.	. _	.._	..._	...._	....._
6. Fumbles for words, uses a wrong word, or says he forgot what he was trying to say.	. _	.._	..._	...._	....._
7. Cringes or pulls away when approached by others.	. _	.._	..._	...._	....._
8. Can recognize own name in print.	.....	...._	... _	.. _	. _
9. Stays with the activity at hand.	.....	...._	... _	.. _	. _
10. Can tell about a recent school activity (i.e. field trip).	.....	...._	... _	.. _	. _
11. Follows directions.	.....	...._	... _	.. _	. _
12. Can repeat sentences such as "I like to play outside" in correct order.	.....	...._	... _	.. _	. _
13. Drowsy, sleepy, or sleeps.	. _	.._	... _	...._	....._
14. Names common objects such as chair, desk, table.	.....	...._	... _	.. _	. _
15. Fights, shouts, or shakes his fist as a preferred means of solving problems.	. _	.._	... _	...._	....._
16. Identifies likenesses and differences in pictures, objects and forms.	.....	...._	... _	.. _	. _
17. Gives own name and age when asked.	.....	...._	... _	.. _	. _
18. Stares into space.	" _	.._	... _	...._	....._



Items	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
19. Can identify colors (i.e., red, yellow, blue, green) by name.	.....	.....	... ..	.. ..	. ..
20. Says, "I can't" when presented with school tasks.	. ..	.. ..	... ..	.... ..	.....
21. If child prints, he prints words, letters and/or numbers backwards	. ..	.. ..	... ..	.... ..	.....
22. Hurts children and/or animals for no apparent reason.	. ..	.. ..	... ..	.... ..	.....
23. Speech is understandable	.....	.....	... ..	.. ..	. ..
24. Works and solves problems independently.	.....	.....	... ..	.. ..	. ..
25. Destroys or damages things, breaks toys.	. ..	.. ..	... ..	.... ..	.....
26. Matches objects to pictures (i.e. toy truck to picture of truck).	.....	.....	... ..	.. ..	. ..
27. Gets along with other children in various situations.	.....	.....	... ..	.. ..	. ..
28. Can tell about a story after listening to it.	.....	.....	... ..	.. ..	. ..
29. Stumbles, trips or falls.	. ..	.. ..	... ..	.... ..	.....
30. Can copy a circle, square and triangle so that it is recognizable.	.....	.....	... ..	.. ..	. ..
31. Can tell how many objects up to five.	.....	.....	... ..	.. ..	. ..
32. Classifies objects by categories, such as food or clothing.	.....	.....	... ..	.. ..	. ..

Items	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
33. Speaks in sentences of more than three words.	....._	....._	... _	.. _	. _
34. Discriminates between fine differences in sounds heard (i.e., boy, toy).	....._	....._	... _	.. _	. _
35. Arranges a three-part picture story in correct sequence.	....._	....._	... _	.. _	. _
36. Retells story in correct sequential order.	....._	....._	... _	.. _	. _

## DEVELOPMENTAL CHECKLIST

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_ HANDEDNESS (R or L) \_\_\_\_\_ REFERRING TEACHER \_\_\_\_\_

Auditory: YES   NO

(Hearing)

- 1 - Must the child turn his head toward the speaker or cup his ear/ears to be heard? \_\_\_\_\_
- 2 - Is it necessary to repeat words to the child consistently? \_\_\_\_\_

(Figure-ground)

- 3 - Does noise in the room interfere with his ability to pay attention? \_\_\_\_\_
- 4 - In completing work presented on a crowded paper does he have difficulty? \_\_\_\_\_

(Memory-sequence)

- 5 - Can the child follow a more than one step direction? \_\_\_\_\_

(Discrimination)

- 6 - Is the child able to tell when sounds are the same or different? \_\_\_\_\_

- 7 - Can the child tell when objects are the same or different? \_\_\_\_\_

(Auditory-visual associative memory)

- 8 - Can the child identify most of the names of letters? \_\_\_\_\_
- 9 - Can he identify most letter sounds? \_\_\_\_\_

(Auditory-Auditory Association)

- 10 - Does the child understand that the sound "m" in the word "man" is the same sound as "m" in the word "mop"? \_\_\_\_\_

Visual:

(Acuity or ocular-motor)

- 11 - Does the child find it necessary to work close to his paper or desk? \_\_\_\_\_

Motor:

(Fine Skills)

- 12 - Can the child cut along a line? \_\_\_\_\_
- 13 - Does he color within boundaries? \_\_\_\_\_
- 14 - Does he hold a pencil or crayon properly? \_\_\_\_\_

(Advanced visual-motor)

- 15 - Is he able to copy a diamond? \_\_\_\_\_

Speech:

YES NO

- 16 - Does the child omit sounds?  
17 - Does he substitute one sound for another?  
18 - Are words or sound distorted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language:

(Expressive)

- 19 - Does the child repeat words or phrases unnecessarily  
in oral reading?  
20 - Does he only speak in single words or short phrases?  
21 - Does he consistently use disconnected phrases?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Control Factors:

- 22 - Is the child easily distracted from tasks?  
23 - Does he play well with his peers?  
24 - Can the child work independently?  
25 - Does he prefer being by himself when playing or  
working?  
26 - Are his reactions appropriate when criticism or  
guidance is offered?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PROFILE SHEET

[illegible]

Answer columns 1-10 with this rating scale:

1 - Superior      2 - Good      3 - Fair      4 - Poor

Answer columns 11-18 with this rating scale:

1 - No Problem      2 - Moderate Problem      3 - Severe Problem ...

REFERRAL FORM - SECONDARY



## SECTION II

### ROLE AND FUNCTION OF THE SCHOOL ASSESSMENT COMMITTEE

Upon receipt of a referral, the principal reviews it for appropriateness. If, in his/her judgement, it is appropriate, he/she may exercise one of two options. The referral may be forwarded directly to the resource teacher for diagnosis and evaluation, or a meeting of the school assessment committee may be convened. If the first option is taken, the assessment committee should be convened after the conclusion of the resource teacher's diagnostic evaluation.

Each principal shall establish a school assessment committee in his/her school. The principal shall act as chairman of this committee. In all cases, the referring teacher (or classroom teacher) shall be a member of the committee. Also, the appropriate special education teacher shall be a member (for example, the K-3 resource teacher should be available for all assessment meetings involving K-3 students). Other building level personnel may also serve on the committee. For example, other teachers, assistant principals, counselors, school nurses, etc., may be invited to attend. In addition, the school psychologist, health nurse, instructional supervisor, Supervisor of Pupil Personnel, Supervisor of Special Education, parent, and/or representative of a community agency may be requested to meet with the committee.

The function of the assessment committee is to insure that adequate communication exists between all personnel involved. It offers a source of feed-back to the referring teacher and, in many cases, offers much needed support. Committee meetings are also a source for gathering new ideas which may aid in the management of the student. If outside agencies are involved, the committee serves a unifying purpose to insure that all personnel are working toward the same goal and not in a contradictory manner.

The referral source shall arrange for all pertinent information regarding the student to be made available to the committee (i. e. samples of work, school history, social and/or family history, reports from psychologist, achievement records, teacher observations, and other information).

In addition to acting on referrals, the committee shall conduct an annual case review of those students enrolled in special education programs. When program or service changes are recommended, the committee shall approve them. The committee shall recommend withdrawal of special education services and follow-up procedures.

The committee may seek to dispose of cases in one or more of the following ways:

- 1 - request pupil personnel assistance
- 2 - request psychological or additional testing
- 3 - request community agency involvement
- 4 - recommend placement in special education programs
- 5 - recommend continuation in regular programs
- 6 - recommend health nurse intervention
- 7 - recommend sessions with guidance personnel



- 8 - assessment of student progress, or lack of same
- 9 - recommend Home/Hospital Instruction
- 10 - request consideration by the Caroline County Special Services Committee
- 11 - other

Weekly or bi-monthly meetings of the assessment committee should adequately insure that needs are being met. It is suggested that discussions on any particular student be limited to approximately 15 to 20 minutes for purposes of expediency.

#### Assessment Committee Form - Elementary and Secondary

The "School Assessment Committee Action Form" should be completed by the principal or his designee each time a student is discussed. This will insure the compliance with documentation standards. The form/forms should then become a part of the student's individual special education records.

If the assessment committee cannot reach a decision regarding the disposition of a case, or if the committee's recommendation is for self-contained classroom placement, out-of-county placement, non-public or institutional placement, or regional special education center placement, the committee chairman shall request a meeting with the Caroline County Special Services Committee.

SCHOOL ASSESSMENT COMMITTEE FORMS  
ELEMENTARY and SECONDARY

SCHOOL ASSESSMENT COMMITTEE  
ACTION FORM

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Check:

Original Referral \_\_\_\_\_

Initial Evaluation \_\_\_\_\_

Re-evaluation \_\_\_\_\_

Final Evaluation \_\_\_\_\_

Other (specify) \_\_\_\_\_

Check those present:

Chairman \_\_\_\_\_

Special Education \_\_\_\_\_

School Nurse \_\_\_\_\_

Classroom Teacher \_\_\_\_\_

Referring Teacher \_\_\_\_\_

Parent \_\_\_\_\_

Counselor \_\_\_\_\_

Other (specify) \_\_\_\_\_

Nature of Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Chairman,  
Assessment Committee

### SECTION III

#### ROLE AND FUNCTION OF THE CAROLINE COUNTY SPECIAL SERVICES COMMITTEE

The principal, acting as chairman of the school assessment committee, or his/her designee, may request a meeting with the Caroline County Special Services Committee for the purpose of considering one or more of the following:

- 1 - recommendation for self-contained classroom placement (TMR-EMR).
- 2 - recommendation for out-of-county placement (hearing impaired program).
- 3 - recommendation for non-public or institutional placement (Agnew School, Benedictine School).
- 4 - recommendation for regional special education center placement (Profoundly mentally retarded, physically handicapped).
- 5 - other considerations.

The Supervisor of Special Education will act as Chairman of the Special Services Committee. Also on the committee will be; Supervisor of Pupil Personnel, Deputy State Health Officer (or designee), Caroline County Department of Health and Mental Hygiene, Director (or designee), Caroline County Department of Social Services, Caroline County representative of the Division of Vocational Rehabilitation, Caroline County representative of the Department of Juvenile Services. When the committee considers cases in which self-contained class placement is recommended, the school psychologist shall be a part of the committee.

The principal or his designee will attend the meeting of the Caroline County Special Services Committee. At that time, all pertinent information should be made available to the members of the committee by the principal, i.e., educational assessment and prescription, school history, social and/or family history, psychological evaluation, achievement records, teacher observations, other information.

#### County Special Services Committee Forms - Elementary and Secondary

The principal should complete the form entitled "Request for Meeting of Caroline County Special Services Committee" and forward this to the Supervisor of Special Education. Upon receipt, a meeting of the county committee will be scheduled and the referring principal will be notified as to time and date.

The chairman of the county committee will complete the form entitled "Caroline County Special Services Committee Action Form" on each student who is discussed. This form will be filed in the student's special education file.

COUNTY SPECIAL SERVICES COMMITTEE FORMS  
ELEMENTARY and SECONDARY

## SE-7

From:

[illegible]

CAROLINE COUNTY  
SPECIAL SERVICES COMMITTEE  
ACTION FORM

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Check:

Original Referral \_\_\_\_\_

Initial Evaluation \_\_\_\_\_

Re-evaluation \_\_\_\_\_

Final Evaluation \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Check those present:

Chairman \_\_\_\_\_

Supervisor Pupil Services \_\_\_\_\_

School Psychologist \_\_\_\_\_

Health Department \_\_\_\_\_

Department of Social Services \_\_\_\_\_

Department of Vocational Rehab. \_\_\_\_\_

Department of Juvenile Services \_\_\_\_\_

Other (specify) \_\_\_\_\_

Nature of Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION IV

### NOTIFICATION OF PARENTS, HEARINGS PROCEDURES, AND USE OF THE SPECIAL SERVICES INFORMATION SYSTEM

#### Parental Notification

The Special Education bylaw requires that parents or legal guardians be notified and permission granted for placement into or dismissals from special education programs. In addition, notification is required prior to psychological evaluation and parents must have knowledge of the confidentiality of information usage. The statement below shall be included in all written notices of special education placements:

The Maryland State Department of Education requires that I inform you that you have the right to have this placement decision reviewed by an impartial third party. You may request such a review at any time by merely contacting me. The complete records are available to you upon request for review, and if you wish, copies of the records can be made available to you. A copy of the Maryland State Department of Education's regulations may also be obtained by contacting my office.

Parental participation in placement decisions should be encouraged. Parental understanding of placement decisions may well reduce the likelihood of formal hearings and appeals (see below).

#### Forms for Parent Notification - Elementary and Secondary

##### SE-1 "Notification of Psychological Evaluation"

This form is to be used by the principal to notify parents/guardians of psychological testing or evaluation.

##### SE-2 "Notification of Psychological Re-Test"

This form is to be used by the principal to notify parents of psychological re-testing or evaluation.

##### SE-3 "Approval for Speech Therapy"

This form is to be used by the principal for securing permission for speech therapy.

##### SE-4 "Approval for Resource Room Placement"



#### SE-5 "Approval for Self-Contained Placement"

This form is to be used by the principal for securing permission for placement in a self-contained classroom.

#### SE-6 "Approval for Withdrawal from Special Education Placement"

This form is to be used by the principal when a child is ready to return to regular classroom placement.

Copies of these forms and the completed permission slips should be included in the student's individual special education file.

Except in emergency situations where, in the opinion of the principal, immediate implementation of a proposed placement action is necessary to protect the health or safety of a child or of other persons or because the child is extremely disruptive, the notices of placement must be mailed at least twenty-five days prior to the proposed placement action. In emergency situations the notices shall be furnished as soon as possible, but in no event later than the second school day following the transfer or other placement action.

In the event that a response from the parent/guardian regarding placement or dismissal from special education services has not arrived within twenty-five days after the date of the original notification, the child shall be placed in the appropriate program. The principal shall inform the parent in writing that the placement has occurred, a copy shall be included in the student's individual special education file. The statements above concerning parental rights to hearings and SSIS information, if applicable, shall be included.

Principals may elect to compose their own parental notification letters. If this is done, the paragraphs regarding hearing and SSIS, if applicable, should be included.

#### Special Services Information System (SSIS)

The Special Services Information System (SSIS) is a computerized system of the Maryland State Department of Education. Its purpose is statistical in nature and provides a means for gathering local and state-wide statistics on special education.

The statement below regarding confidentiality and use of information by the SSIS shall also be included in all written notices of special education placements:

Your child's name will be submitted to the Special Services Information System. This is a data bank which includes statistics on students in the state who require special services. Any information included in system is regarded as confidential.

For detailed instructions for completion of Special Services Information System forms, see the Special Services Information System Manual distributed by the Maryland State Department of Education. This manual is available from the Supervisor of Special Education.

### Hearings Procedures for Parents/Guardians

Bylaw 13.04.01.01 requires that each local education agency establish hearing procedures for any parent or legal guardian of children who are in need of special education programs when a request is made in writing, for good cause to review (1) diagnosis, (2) evaluation of educational programs provided, (3) or the exclusion or exemption from school privileges of the child by the local board of education. If a parent/guardian requests a hearing or review of placement or proposed placement, the principal shall immediately inform the Supervisor of Special Education.

The Supervisor of Special Education will review the case and make a recommendation to the Superintendent concerning the appointment of an impartial hearing officer or panel. A hearing will be scheduled not sooner than twenty days, waivable by the parent/guardian, nor later than forty-five days after the initial date of the letter requesting a hearing.

If, after local review, the parent/guardian is not satisfied with the decision, he/she may request an appeal at the state level. Throughout the hearings procedures, the parent/guardian has the right to legal representation.

FORMS FOR PARENT NOTIFICATION  
ELEMENTARY and SECONDARY

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

Dear Parent:

The Caroline County Public Schools are especially anxious to provide your child with the kind of learning experience which will be most helpful and beneficial. After thorough review of your child's progress in school and teacher observations, we feel that he/she should be exposed to individualized psychological testing. The purpose of this testing will be to determine the specific areas in which your child has problems and needs specialized help.

Within a few weeks a staff member will see your child and proceed with the testing. Thank you for your cooperation. Feel free to contact me should you have questions.

Very truly yours,

Principal

PDP:eat

Approved By: Superintendent of Schools

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

Dear Parent:

Some time ago your child was seen by a staff member for psychological testing. This was done for the purpose of determining the specific areas in which your child had problems. As a follow-up to that testing, within a few weeks your child will be tested again. This procedure will enable us to measure the growth which your child has made since the original testing was completed.

Thank you for your continued cooperation. Feel free to contact me should you have questions.

Very truly yours,

Principal

PDP:eat

Approved By: Superintendent  
of Schools

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

SE-3

Dear Parent:

At the beginning of each school year, the speech, hearing, and language therapist talks to each student enrolled in designated grade levels. All referrals and students needing periodic rechecks are also interviewed. The primary aim is to identify pupils who are in need of therapy.

It is felt that \_\_\_\_\_ would benefit from the speech therapy program. I will be in his/her school one day per week. At that time, I will work with your child for approximately one-half hour for the purpose of \_\_\_\_\_. If and when his problems have been corrected, he will be phased out of the program to make room for another student.

The Maryland State Department of Education requires that I inform you that you have the right to have this placement decision reviewed by an impartial third party. You may request such a review at any time by merely contacting me. The complete records are available to you upon request for review, and, if you wish, copies of the records can be made available to you. A copy of the Maryland State Department of Education's regulations may also be obtained by contacting me.

Your child's name will be submitted to the Special Services Information System. This is a data bank which includes statistics on students in the State who require special services. Any information included in this system is regarded as confidential.

Please complete the permission slip below and return it to me.

If you have any questions concerning the program, please contact me at your child's school.

Very truly yours,

PDP:eat

Speech, Hearing, Language Therapist

-----  
I/We agree for my/our child, \_\_\_\_\_, to receive speech, hearing and/or language therapy as a service of the education program in Caroline County.

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

SECRET

Dear Parent:

We are fortunate in having a Resource Room in each school in Caroline County. The Resource Room provides a program to help children who seem to evidence a learning problem in certain areas.

This is not a center for slow children but for children who are not producing to their fullest ability. We want to see if we can help them achieve to their ability.

We feel that \_\_\_\_\_ would be able to improve if we could provide individualized teaching in the area where the difficulty lies. We would like for \_\_\_\_\_ to participate in this program on a daily basis.

The Maryland State Department of Education requires that I inform you that you have the right to have this placement decision reviewed by an impartial third party. You may request such a review at any time by merely contacting me. The complete records are available to you upon request for review, and, if you wish, copies of the records can be made available to you. A copy of the Maryland State Department of Education's regulations may also be obtained by contacting my office.

Your child's name will be submitted to the Special Services Information System. This is a data bank which includes statistics on students in the state who require special services. Any information included in this system is regarded as confidential.

Please complete the permission slip below and return it to me.

In order for you to have a clearer understanding of the program, it would be advisable for you to contact \_\_\_\_\_ who is the teacher of the Resource Room program.

Sincerely yours,

PDP:eat

Approved By: Superintendent  
of Schools

Principal

-----  
(Cut Along Dotted Line)

I/We agree to placing my/our child, \_\_\_\_\_, in a  
Resource Room in the Caroline County Public Schools.

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

Dear Parent:

As you know, \_\_\_\_\_ progress in school this year has not been up to grade level. \_\_\_\_\_ has been given special tests by personnel in the Board of Education Office which indicate that more individualized work is needed if progress in school is to be made.

We are fortunate in having a class next year with a specially trained teacher who will be able to work with \_\_\_\_\_ on a individualized basis. We plan to keep the class size to approximately fifteen students in order to give each student more help. \_\_\_\_\_ will have music and physical education with students who are in the regular school program.

The Maryland State Department of Education requires that I inform you that you have the right to have this placement decision reviewed by an impartial third party. You may request such a review at any time by merely contacting me. The complete records are available to you upon request for review, and, if you wish copies of the records can be made available to you. A copy of the Maryland State Department of Education's regulations may also be obtained by contacting my office.

Your child's name will be submitted to the Special Services Information System. This is a data bank which includes statistics on students in the state who require special services. Any information included in this system is regarded as confidential.

Please complete the permission slip below and return it to me. Don't hesitate to call me should you have questions.

Very truly yours,

PDP:eat

Enclosure

Principal

Approved By: Superintendent  
of Schools

-----  
(Cut Along Dotted Line)

I/We agree to placing my/our child, \_\_\_\_\_, in a special education program in the Caroline County Public Schools.



BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

SE-6

Dear Parent:

Your child has made a great deal of progress since being placed in the \_\_\_\_\_ program. So much so that he/she has been recommended to return to the regular school schedule. Please indicate your agreement to this by detaching the form below and returning it to me.

The Maryland State Department of Education requires that I inform you that you have the right to have this placement decision reviewed by an impartial third party. You may request such a review at any time by merely contacting me. The complete records are available to you upon request for review, and, if you wish copies of the records can be made available to you. A copy of the Maryland State Department of Education's regulations may also be obtained by contacting my office.

Please feel free to contact me should you have questions.

Very truly yours,

PDP:eat

Principal

Approved By: Superintendent  
of Schools

-----  
(Cut Along Dotted Line)

I/We hereby authorize the Caroline County Public Schools to discontinue the services which have been provided for my/our child, \_\_\_\_\_, in the \_\_\_\_\_.

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_

(Parent (s) Guardian

## SECTION V

### PROCEDURES FOR SPEECH THERAPY PLACEMENT

Any referral to speech therapy should first go through referral and school assessment committee procedures as outlined in Sections I and II of this manual. Referrals should be listed on the form entitled, "Speech and Hearing Referrals Form." In most cases, this form will be completed near the end of the school year in anticipation of needs for the following year. Referrals, however, may be made to the assessment committee at any time throughout the year.

The "Speech Screening Class List" form is to be used by the therapist for his/her convenience and is not required to be filed in the student's individual special education file. The forms entitled "Educational Assessment and Management Plan-Speech", "Speech and Hearing Record", and "Educational Prescription", must be completed prior to completing an Special Services Information System form on the student and subsequent entry into special education programming. Copies of these forms are to be kept in the student's individual special education file. The "Daily Log" is maintained for the convenience of the therapist and is not included in the student's record. Also, the status report form, completed in June by the therapist is used for his/her convenience and not individually filed in student records.

#### General Considerations:

Speech therapists caseload for school year 1975-76 is 80. The one therapist in the county is assigned to the five elementary schools on an itinerant basis. Primarily, the therapist works with the primary grades, however, he/she is not precluded from working at the intermediate level as time, need, and caseload dictates.

SPEECH THERAPY FORMS

## CAROLINE COUNTY SCHOOLS

## Speech and Hearing Referrals Form

School \_\_\_\_\_ Date \_\_\_\_\_

Room No. \_\_\_\_\_ Teacher \_\_\_\_\_

(Please enter names of any children whom you think should be evaluated as possible candidates for speech therapy)

[illegible]

It is requested that all teachers return this form to the therapist by

When a teacher has no referrals to make, she should indicate "none" on the form, and enter her name on form before returning.



BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

EDUCATIONAL ASSESSMENT  
and  
MANAGEMENT PLAN - SPEECH

GENERAL INFORMATION

Name: Birthdate:

Parent: Grade:

Address: School:

Telephone:

Person Completing Assessment:

Date of Referral:

Referral Source:

Tests Administered: (include informal tests)

<u>Test</u>	<u>Administered By</u>	<u>Score</u>	<u>Date</u>
-------------	------------------------	--------------	-------------

<u>Audiometric</u>	<u>Administered By</u>	<u>Results</u>	<u>Date</u>
--------------------	------------------------	----------------	-------------

Test Behavior and Observations:

## SPEECH AND HEARING RECORD

### I. Organs of Articulation:

<u>Lips</u>	<u>Tongue</u>	<u>Teeth</u>	<u>Hard Palate</u>
___ Normal	___ Normal	___ Normal	___ Normal
___ Cleft	___ Sluggish	___ Crooked	___ High Arch
___ Paralyzed	___ Paralyzed	___ Missing	___ Cleft

<u>Jaw</u>	<u>Soft Palate</u>
___ Normal	___ Normal
___ Open Bite	___ Sluggish
___ Overshot	___ Paralyzed
___ Undershot	___ Cleft

### II. Voice:

<u>Quality</u>	<u>Intensity</u>	<u>Pitch</u>	<u>Rate</u>
___ Normal	___ Normal	___ Normal	___ Normal
___ Husky (Hoarse)	___ Too Loud	___ Too High	___ Too Rapid
___ Harsh	___ Too Soft	___ Too Low	___ Too Slow
___ Nasal	___ Uncontrolled	___ Monotone	
___ DeNasal	___ Loudness Patterns	___ Pitch Patterns	

### III. Results of Speech Test:

___ Articulatory	___ Cerebral Palsy
___ Delayed	___ Hard of Hearing
___ Non-Fluency	___ Voice
___ Cleft Palate	

IV. Results of Audiometric Test:

☐ Not Handicapped in Classroom  
☐ Handicapped - Severity  
☐ Slight      ☐ Moderate      ☐ Definite

V. Enrollment Information:

Date: \_\_\_\_\_

Days Visited: \_\_\_\_\_

No. of times seen weekly \_\_\_\_\_

Progress made at close of school year:

<input type="checkbox"/> Good	<input type="checkbox"/> Discontinued
<input type="checkbox"/> Fair	<input type="checkbox"/> Lack of interest
<input type="checkbox"/> Poor	<input type="checkbox"/> Moved
	<input type="checkbox"/> Continued



## EDUCATIONAL PRECEPTION

Name:

School:

Grade:

Date:

Description of Communicative Behavior:

Objective:

Recommendations (Activities to be used):

Materials:

Evaluation:

Date      objective met:

---

Speech, Hearing and Language Therapist

## DAILY LOG - Speech, Hearing, and Language Therapy

Name: \_\_\_\_\_

Date: \_\_\_\_\_

[illegible]



## SECTION VI

### PROCEDURES FOR RESOURCE ROOM PLACEMENT

#### General Considerations

Primarily, resource rooms serve two populations; the learning disabled and the slow learner. Learning disabilities, as defined in bylaw 13.04.01.01, follows:

Learning disabilities are defined as deficits in association, conceptualization, attention, psycho-motor development, perceptual, receptive, integrative, or expressive processes which interfere directly with cognitive learning and which require special educational programming. Children functioning between one and two standard deviations below the mean (70 to 90 I.Q.) as measured on standardized tests developed for the purpose of measuring intellectual functioning may be considered as learning disabled if their educational assessment indicates learning deficits which meet appropriate verification criteria.

Resource teachers shall administer the Slosson Intelligence Test to establish the I.Q. If, however, the student's I.Q. is below 90 or is suspected to be below 90, an individualized test such as the Wechsler Intelligence Scale for Children (WISC) must be administered by the school psychologist.

Other handicapping conditions such as intellectual limitation, emotional disturbance, multiple impairment, may also be served in resource rooms provided adequate verification is present. (See bylaw for detailed descriptions).

The caseload of resource teachers, both elementary and secondary, is limited to no more than thirty (30) different students per day. Resource teachers shall work with no more than an average of six children at any one time. Students may be exposed to the resource setting for a maximum of three hours per school day. This time frame should adequately allow for adaptation of programming to individual needs.

#### Referral Process

Resource room referrals should follow procedures outlined in sections I and II above.

#### Forms - Elementary and Secondary

Following referral procedures, the educational assessment and educational prescription forms should be completed prior to placement of the student in special education and completion of the SSIS form. This should also be completed prior to securing parental permission for special education placement (see Section IV).

FORMS FOR RESOURCE ROOM PLACEMENT  
ELEMENTARY

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

GENERAL INFORMATION

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 PARENT: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 PERSON COMPLETING ASSESSMENT: \_\_\_\_\_  
 DATE OF REFERRAL: \_\_\_\_\_  
 REFERRAL SOURCE: \_\_\_\_\_  
 TESTS ADMINISTERED: (include informal tests)

<u>Name of Test</u>	<u>Administered by</u>	<u>Score</u>	<u>Date</u>
---------------------	------------------------	--------------	-------------

TEST BEHAVIOR AND OBSERVATIONS:

## I. PSYCHOLINGUISTIC SKILLS

(Place ~~✓~~ for particular strengths or weaknesses, otherwise ~~✓~~ each item)

A. Attention Span			
B. Impulse Control			
C. Visual Discrimination			
D. Visual Perception			
E. Auditory Discrimination			
F. Auditory Perception			
G. Receptive Language			
H. Expressive Language			
I. Speech Development			
J. Visual Memory	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(short term)			
(long term)			
K. Auditory Memory	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(short term)			
(long term)			
L. Fine Motor Skills			
M. Gross Motor Skills			

II. DEVELOPMENT/BEHAVIOR

A. Health Status

1. childhood diseases:

2. illness or injuries:

3. surgical procedures:

4. unusual physical conditions:

5. visual acuity:

6. auditory acuity:

7. school attendance:

8. other considerations: (include self-help skills if applicable).



## II. Development/Behavior (continued)

### B. SOCIAL DEVELOPMENT

1. relationship with peers:

2. relationship with adults: (include authority figures, i.e.,  
teachers, parents)

3. classroom behavior:

### C. EMOTIONAL DEVELOPMENT

1. relationship with peers:

2. relationship with adults (include authority figures, i.e.,  
teacher, parents)

3. classroom behavior

4. self-concept

### III. ACADEMIC/VOCATIONAL

#### A. ACHIEVEMENT

1. reading grade level: (include name of measurement instrument)
2. spelling grade level: (include name measurement instrument)
3. math grade level: (include name of measurement instrument)
4. ability to write:
5. additional academic information: (include survival skills if applicable)

#### B. CAREER INFORMATION

1. interests:
2. aptitudes:

### IV. ASSESSMENT SUMMARY

#### A. Academic Achievement

#### IV. Assessment Summary (continued)

##### B. Developmental Patterns

##### C. Techniques of Learning

##### D. Behavioral Patterns

V. EDUCATIONAL MANAGEMENT PLAN

A. EDUCATIONAL DIAGNOSIS

1. Specific strengths: (use separate sheet if necessary)

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

2. Specific deficiencies: (use separate sheet if necessary)

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

B. EDUCATIONAL PRESCRIPTION

1. see following sheet/s:

EDUCATIONAL PRESCRIPTION

SPECIFIC DEFICIENCY:

Date of Original Objective	Date of Amended Objective	Objective	Corrective Activity To Be Used To Meet Objective (include person responsible for activity)	Materials - Equipment	Evaluation	Date Met

FORMS FOR RESOURCE ROOM PLACEMENT  
SECONDARY

Secondary Form

BOARD OF EDUCATION OF CAROLINE COUNTY  
Denton, Maryland

GENERAL INFORMATION

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
PARENT: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
PERSON COMPLETING ASSESSMENT: \_\_\_\_\_  
DATE OF REFERRAL: \_\_\_\_\_  
REFERRAL SOURCE: \_\_\_\_\_  
TESTS ADMINISTERED: (include informal tests)

<u>Name of Test</u>	<u>Administered by</u>	<u>Score</u>	<u>Date</u>
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TEST BEHAVIOR AND OBSERVATIONS:

# I. PSYCHOLINGUISTIC SKILLS

(Place ✓ for particular strengths or weaknesses otherwise ✓ each item)

A. Attention Span

B. Impulse Control

C. Receptive Language

D. Expressive Language

E. Speech Development

F. Visual Memory

(short term)

(long term)

G. Auditory Memory

(short term)

(long term)

H. Fine Motor Skills

I. Gross Motor Skills

No Deficiency	Deficiency	Assessment Instrument Used
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX



## II. DEVELOPMENT/BEHAVIOR

### A. Health Status

1. childhood diseases:
2. illness or injuries:
3. surgical procedures:
4. unusual physical conditions:
5. visual acuity:
6. auditory acuity:
7. school attendance:
8. other considerations: (include self-help skills if applicable).

## II. Development/Behavior (continued)

### B. SOCIAL DEVELOPMENT

1. relationship with peers:

2. relationship with adults: (include authority figures, i.e.,  
teachers, parents)

3. classroom behavior:

### C. EMOTIONAL DEVELOPMENT

1. relationship with peers:

2. relationship with adults (include authority figures, i.e.,  
teacher, parents)

3. classroom behavior

4. self-concept

### III. ACADEMIC/VOCATIONAL

#### A. ACHIEVEMENT

1. reading grade level: (include name of measurement instrument)
2. spelling grade level: (include name of measurement instrument)
3. math grade level: (include name of measurement instrument)
4. ability to write:
5. additional academic information: (include survival skills if applicable)

#### B. CAREER INFORMATION

1. interests:
2. aptitudes:

### IV. ASSESSMENT SUMMARY

#### A. Academic Achievement

#### IV. Assessment Summary (continued)

##### B. Developmental Patterns

##### C. Techniques of Learning

##### D. Behavioral Patterns

## V. EDUCATIONAL MANAGEMENT PLAN

### A. EDUCATIONAL DIAGNOSIS

#### 1. Specific strengths: (use separate sheet if necessary)

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.

#### 2. Specific deficiencies: (use separate sheet if necessary)

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.

### B. EDUCATIONAL PERSCRIPTION

#### 1. see following sheet/s: